

# INTRODUCTION

## A. Program Purpose

### 1. Mission

The Montana Breast and Cervical Health Program (MBCHP) is a program implemented by the Montana Department of Public Health and Human Services (MDPHHS).

The mission of the MBCHP is to reduce breast and cervical cancer morbidity and mortality among Montana women by providing ongoing quality screening services and education in a manner that is appropriate, accessible, cost-effective, and sensitive to women's needs.

### 2. Program Background

In October 1993, the MDPHHS received a capacity-building grant from the Centers for Disease Control and Prevention (CDC) in order to form and develop the MBCHP.

In its capacity-building phase, the MBCHP-initiated local projects in six Montana communities. For the administration of these projects, the MBCHP contracted with the health departments of Cascade, Flathead, Lewis and Clark, Missoula, Silver Bow, and Yellowstone counties. (These projects are now referred to as administrative sites.)

Under the capacity-building grant, the goals of the local projects were to:

**Goal 1**—establish local coalitions of health care professionals, interested community members, and members of the target population of low-income, uninsured or underinsured, minority, and older women (hereafter referred to as the target population).

**Goal 2**—perform a community-specific needs assessment to identify barriers to breast and cervical cancer screening.

**Goal 3**—develop a local plan to overcome or reduce those barriers.

**Goal 4**—determine whether existing breast and cervical health services were meeting the community's needs.

### 3. Service Delivery

In September 1996, the MDPHHS was awarded a comprehensive screening grant from the CDC. This grant enabled the MBCHP to focus on the delivery of comprehensive breast and cervical cancer screening services.

In September 1999, the MBCHP increased the number of administrative sites from 6 to 13. This provides clinical services to women statewide and emphasizes recruitment and screening of American Indian women.

The MBCHP's service delivery goals are to:

**Goal 1**—increase the number of Montana women who regularly receive screening for breast and cervical cancer.

**Goal 2**—develop a culturally sensitive, statewide public education program that promotes early detection of breast and cervical cancer through regular screening and that targets women who are low-income, uninsured or underinsured, minority, and 50 through 64 years of age.

**Goal 3**—ensure that all women screened through the MBCHP receive appropriate and timely follow-up and treatment.

**Goal 4**—assess the continuing education needs of health professionals relative to breast and cervical cancer screening and offer educational opportunities to increase the professionals' skills and knowledge.

**Goal 5**—monitor trends in breast and cervical cancer precursors, incidence, mortality, and screening rates for Montana women.

**Goal 6**—through public and professional education, improve the knowledge, attitudes, and practices related to breast and cervical cancer screening in the target population.

**Goal 7**—ensure that high quality methods and procedures are utilized in all screening activities.

**Goal 8**—collect and analyze data to evaluate the components of the MBCHP.

In 1999, the CDC conducted a careful review of the scientific literature, professional organization guidelines related to cervical cancer, and national data on Pap screening outcomes. In consultation with an external work group comprised of clinical experts, epidemiologists, program directors, researchers, and public health practitioners, the CDC developed an additional policy regarding cervical screening. The policy is not intended to be a set of clinical guidelines for the general U.S. population, but rather to provide programmatic and reimbursement guidance for the MBCHP.

In response to the CDC's policy on cervical screening, the MBCHP has expanded its service delivery goals to include:

**Goal 9**—increase screening for MBCHP-eligible women who have never been screened or who have been rarely screened.<sup>1</sup>

**Goal 10**—decrease over-screening among MBCHP clients.

In response to the Montana law that provides for a new Medicaid eligibility group that will receive basic Medicaid benefits through the Montana Breast and Cervical Cancer Treatment Program (MBCCTP), the MBCHP has expanded its service delivery goals to include:

**Goal 11**—facilitate referral to the MBCCTP if necessary.

## **B. Program Need**

### **1. Breast Cancer Screening**

The primary purpose of breast cancer screening is to reduce mortality through detection of breast cancer at an early stage. The statistics make clear the need for screening and early detection. Breast cancer is the most commonly diagnosed cancer in Montana women. In 2006, it is estimated that 620 new cases of breast cancer will be detected in Montana women and that 120 women will die of the disease (American Cancer Society, 2006).

The need is even more pronounced among Montana's American Indians. Data for women diagnosed in 1996–2005 show that American Indian women are younger than whites when first diagnosed or treated for breast cancer, and their survival rates are lower. The 5-year survival rate in Montana for American Indians diagnosed with localized<sup>2</sup> breast cancer is 86 percent compared to 98 percent for whites diagnosed at the same stage (Montana Central Tumor Registry, 2007).

Statistics also make clear the value of mammography, which can identify cancerous breast abnormalities at an early stage—before physical symptoms develop—and thus improve survival rates. Mammography screening has contributed to the increase in 5-year survival rates for localized breast cancer from 72 percent in the 1940s to 98 percent today. Moreover, current survival rates are much lower than 98 percent if the cancer is not detected early on—87 percent if detected at the regionalized stage<sup>3</sup> and only 22 percent if detected with distant metastases<sup>4</sup> (Montana Central Tumor Registry, 2007).

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<sup>1</sup> Never- and rarely-screened women are defined as women who have never had a Pap test or who have not had a Pap test within the past 5 years.

<sup>2</sup> Localized refers to a neoplasm which appears entirely confined to the organ of origin.

<sup>3</sup> Regionalized refers to a neoplasm which has spread to immediately adjacent organs or tissues by direct extension, or has metastasized to regional lymph nodes.

<sup>4</sup> Distant metastases refers to a neoplasm which has spread beyond adjacent organs or tissues by direct extension, has developed secondary metastatic tumors, has metastasized to distant lymph nodes, or has been determined to be systemic in origin.

## **2. Cervical Cancer Screening**

The primary purpose of cervical cancer screening is to identify and treat pre-cancerous cervical lesions, and to detect and treat cervical cancer at an early stage. Detection and treatment of pre-cancerous cervical lesions identified by a Pap test can prevent cervical cancer. And early detection is critical to improving the survival rate of women diagnosed with cervical cancer.

In Montana, from 1985 to 2005, invasive cervical cancer rates have dropped dramatically from 10.0 cases per 100,000 women to 6.7 per 100,000 for white women (Montana Central Tumor Registry, 2007). This reduction is attributed to the widespread use of routine Pap smear screening, which identifies an abnormality in its precancerous condition and allows for early treatment.

Five-year survival rates also make clear the need for screening to detect cervical cancer in its early stages. In Montana, the overall 5-year survival rate for women diagnosed with cervical cancer is 72 percent. When the cancer is diagnosed at the localized stage, the survival rate jumps up to 90 percent (Montana Central Tumor Registry, 2007).

In 2006, it is estimated that 35 new cervical cancer cases will be detected in Montana women (American Cancer Society, 2006). American Indians—comprising 6 to 8 percent of Montana’s population—have cervical cancer rates slightly lower than the white population.

## **C. Authorizing Legislation**

Public Law 101-354, the Breast and Cervical Cancer Mortality Prevention Act of 1990, is the authorizing legislation for the MBCHP (see Appendix C).

Section 53-6-131, MCA, Montana Breast and Cervical Cancer Treatment Program, is the authorizing legislation for the MBCCTP (see Appendix C).

## **D. Responsible Entity Key**

Beginning in Chapter 2-2 you will see the symbols “□ ♦ ❖” embedded within the text of the manual. The symbols relate to the “Responsible Entity Key” located at the bottom of each odd numbered page:

**□State ♦Administrative Site ❖Enrolled Medical Service Provider**

The symbols are included to assist you in identifying your areas of responsibility.